

TRANSMITTAL FORM

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| First Named Inventor | LIMINI LI, ET AL. |
| Group Art Unit | 1642 |
| Examiner Name | Brandon J. Fetterolf |
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| Patent No. | Not applicable |
| Issue Date | Not applicable |

ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time (1/2/3 months with fee) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) |
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CORRESPONDENCE ADDRESS

Direct all correspondence to:

Jagtiani + Gutttag, LLLP
 10363-A Democracy Lane
 Fairfax, VA 22030
 Tel. No.: (703) 591-2664
 Fax No.: (703) 591-5907
 CUSTOMER NO: 22506

SIGNATURE BLOCK

Respectfully submitted,

Date: June 17, 2008
 Reg. No.: 30,073
 Tel. No.: (703) 591-8664
 Fax No.: (703) 591-5907

/Steven B. Kelber/
 Steven B. Kelber
 Attorney for the Applicant(s)
 Jagtiani + Gutttag, LLLP
 10363-A Democracy Lane
 Fairfax, VA 22030